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Fall Prevention

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Clinical Leadership Theme

The theme of this clinical nurse leader project is “At Risk For A Fall, Don’t Fall, Just Call!”. The overall aim for this project is primarily to reduce fall rate of patients in a medical surgical unit at an acute care hospital. This goal will be achieved by perfecting the fall prevention process. The Clinical Outcomes Management will therefore be the point of focus for this Clinical Nurse Leader (CNL) curriculum component of the project. The CNL’s role will operate as an educator and initiator using current evidence-based information to facilitate the learning process and to improve the outcomes and patient safety.

Statement of the problem

The microsystem for this project will be a system with primary clinical activities within the department. It includes: managing acute or chronic illness, injury in a single or multiple body systems which may require interventions, pre-and post-operative surgical management, drug therapy, IV therapy, and palliative care/symptom management in patients not requiring increased levels of observation. The nurses on this unit have to be able to perform all the varying and specialized procedures required in this unit.

Past records had reported an increase rate of falls in the unit. During the microsystem assessment process, the findings showed that the nurses were not acting in accordance with the fall prevention policy even when a patient had a Schmidt score of three or greater (Appendix). This implied that the nurses did not accurately utilized the fall prevention interventions. Interventions included applying yellow fall risk armbands and yellow nonskid sock on patient at risk for falls, nor activating bed alarms (Appendix). Wilbert 2013, an evidence-based research shown that staff education and their compliance to the fall prevention program are crucial in the

reduction of patient fall rate. To encourage the reduction of patient fall rate in this microsystem, the fall prevention project will aim at educating the nursing staff to better apply and review fall prevention interventions.

Project overview

The elderly, orthopedic and spine patients are very prone and at high risk of falls which could negatively impact their lives. Most of these falls can be prevented by proper assessment and employing adequate fall prevention techniques. The aim of establishing a fall prevention plan is primarily to create a standard protocol that identifies specific actions that can be used to effectively reduce fall in a medical surgical unit. The goal is to reduce these falls by 25 percent, within a six-month period while ensuring that nursing staff are properly educated and equipped with the tools needed to apply the fall intervention techniques to high risk patients. This study will be carried out by means of a two-hour falls prevention capacity building interactive discussion with nursing staff. This discussion will allow the staff to practice using brochures, handouts, specific falls prevention materials like arm band, yellow socks, chair and bed alarm. By the end of this session, the nursing staff are expected to have obtained the necessary knowledge needed to enable them identify at least four falls prevention intervention techniques while also being able to accurately complete the Schmidt score for fall prevention. An initial Schmidt score greater than or equal to three, indicates that a patient is at high risk for falls, and should be put on a falls prevention protocol. Therefore, before any shift begins, a patient will be assessed for the likelihood of falls and all shifts will end with a bedside handoff.

Rationale

According to the CDC, in 2012, the medical cost for falls was approximately $30 billion (CDC, 2014). When a patient falls, and encounters a serious injury, these costs could be more than $14,056. These results lead to an increase hospital stay of 6.3 days extra-which is longer when compared to patients who do not fall (hospitals in pursuit of excellence, 2016). A recent study shows that a typical 200-bed hospital that used a robust process improvement approach to reduce patient falls with injury could expect 72 fewer injures and $1 million in costs avoided. Similarly, a typical 400-bed hospital could expect 134 fewer injuries and $1.9 million in costs avoided (Joint commission center for transforming healthcare, 2016). If nothing is done, the reverse could potentially be the case.

The microsystem of focus in this project is a system with primary clinical activities within the department. It includes: managing acute or chronic illness, injury in a single or multiple body systems which may require interventions, pre-and post-operative surgical management, drug therapy, IV therapy, and palliative care/symptom management in patients not requiring increased levels of observation. The nurses on this unit have to be able to perform all the varying and specialized procedures required in this unit. The turnover is very high because the unit can have as many as ten to fifteen discharges, and eleven to twelve admissions a day.

In the past, this microsystem had experienced an increased number of falls. There was a total of 38 falls from the months of January 2016 to December 2016. This gives an average of 3.2 falls per month. From the month of January 2017 till date, we have had 23 falls.

The reported falls occurred among patients on the 3rd floor. These falls caused an increase in the length of stay of patients and dissatisfaction for overall care received during hospitalization. Falls also affect the overall morale of the team.

Cost-Analysis

This project requires a lot of commitment from staff, patients and their family members, and the organization as a whole. In order to complete this project, one Clinical Nurse Leader (CNL), one educator, and twenty-three nursing staff will be needed on a daily basis. Bed and chair alarms, a well-developed fall risk sign, yellow armbands and yellow socks are all the materials needed to execute the project. For the six-month duration of this project, an estimated cost $37,376 will be needed. Part of this cost includes $29,904 for a Clinical Nurse Leader (CNL) working 267 hours to complete the project. The organization will further incur a cost of $896 for one educator to assist the CNL for a total 8 hours, to teach the staff the new changes and all protocols. The project will include a one-hour training for 23 nursing staff working all three shifts, hence costing a total of $2,576. Material supplies including yellow socks, yellow arm band, and new fall prevention sign will sum up to $4000. The project will also take into consideration the average cost for reducing one fall in a hospital or community which is approximately $180,000. Therefore, the project should result to a cost saving of $142,624, which is obtained by subtracting $37,376 from $180,000 (180,000-37,376=142,624).

The cost utility of this project is that patient's hospital stay will not be increased by an additional 6.3 hospital days, and additional expense of $14,056 per patient for serious falls with injury will be averted. Consequently, Centers for Medicare and Medicaid Services (CMS) will not reimburse the hospital for falls. Consequently, the education of staff on the prevention falls is critical to in the reduction of fall rate and lengthening hospitals stay due to falls. Educating the staff will have minimum cost on the unit, since other supplies necessary for the project have been bought and stocked in the supplies unit. These supplies include nonskid yellow socks, front wheel walker and gait belts. Staff education will be done mostly during working hours, and staff

meeting. Therefore, the project should in turn, save the hospital extra expenses due to the resulting falls reduction effort in due course.

Methodology

An initial assessment of the unit was performed to examine areas of the unit that needed the most change, and the identified area was the rate of falls within the unit. All the patients chart was checked on Epic system, to find out those who have a Schmidt score of 3 or greater. This was done because nurses are expected to complete the fall risk assessment tool since it is a requirement during admission and shift documentations. After checking the charts of all the patients, rounds were made and data was collected from all patient who had a Schmidt score of 3 and above which indicated that they were at high risk for falls. The results from this data showed a low compliance rate in applying fall risk signs, yellow fall risk arm band and updating the care boards. Two days later, a meeting was held with the falls committee members, and a plan was drawn to change the fall risk signs that will be placed on the care board (Appendix), and some members of the committee were nominated as fall prevention champions on each shift. Staff members were educated on using the new fall risk sign. This lesson was focused on reinforced the use of yellow armband, bed alarms, and the new fall risk sign. The staff were also educated on being aware of all patients needed, and also reminded about the need to assist every patient to the bathroom whether they had been assigned to the staff or not. The fall prevention champion on each shift was tasked with leading huddles to reinforce the importance of the various fall prevention interventions. During of these meeting, I presented the new fall prevention signs to the leaders of the various unit in the hospital, and they expressed their interest in the new fall sign and agreed to distribute the information to their staff. A post-intervention assessment was done to assess if the nurse were complaint to the new fall prevention intervention. Results

showed that only about 80% were effectively applying the new fall risk prevention signs and updating the care board. Another post assessment will be carried out to check on the fall rate and ensure that the project's success.

The Kurt Lewin's change model was employed as the process of change for this project. It is the foundation of social psychology. This process of change comprises of three stages, known as unfreezing, change or transition, and refreezing stages.

Unfreeze: This is probably the most important phase because it is about getting ready to change. It involves getting to a point of understanding that change is necessary, and getting ready to shift from an old and comfort zone. This involves preparing oneself before the change, and ideally creating a situation in which that individual will want the change.

Change or Transition: This is the point where the change is taking place. At this point the organization has unfrozen, and moving towards a new way of doing things. This phase is the most difficult as people are fearful. It is not easy because people are learning new things and need time to understand and work with them. At this point, support is needed and can be in the form of coaching, training and expecting mistakes.

Freeze or Refreeze: This phase is about establishing stability once the changes have been made. These changes have been accepted and are now the new standards.

Applying Lewin's theory (Manchester, 2014) to this microsystem, the first stage of unfreezing entailed identifying ways for management and staff to let go old behavior and patterns. The existing fall prevention intervention in the unit needed to be modified to strengthen specific components. A multi-disciplinary approach was needed to ensure that all disciplines were represented and their ideas were included, which was important for the change.

With the transition (change) stage, staff were encouraged to express their ideas and were supported by all involved. Change is not maintainable if staff do not feel supported. For change to be successful, Lewin states that staff must feel they are valued and believe that others see their value (Manchester, 2014).

In refreezing stage, this involves changing to the new practice in other for it to be permanent. During the microsystem assessment, it was observed that nurses and certified nursing assistant were not putting on the fall signs and indicators properly. During this phrase of Lewin change process, we educated the nursing staff on how to use the new fall prevention sign that was created.

Data Source/Literature Review

The articles used for this literature review substantiate the execution of the fall prevention project at this microsystem. The PICO statement used to search for these articles was surgical patients, individual nursing interventions, multicomponent fall prevention program, and decreasing inpatient falls. Twenty articles were obtained using this statement.

Patient falls in hospitals are a persistent and significant health problem (Klinkenbery & Potter, 2016). Every year, between 700,000 and 1,100, 000 people fall during a hospitalization. Falls that result in injuries have been found to increase hospital stay by an average of 6.3 days and add thousands of dollars in additional costs that are no longer reimbursed by the Centers for Medicaid and Medicare Services (Klinkenbery & Potter, 2016). For many years, The Joint Commission has included reducing harm from falls for hospitalized patients as a top safety goal. It is recognized by the Joint Commission that fall account for a significant portion of injures in hospitalized patients, hospital nurses are required to assess a patient's risk for falls and take action to reduce the risk of falling as well as the risk of injury. (Klinkenbery & Potter, 2016).

Falls that occur during an inpatient stay are a considerable burden on patients and hospitals (Yazdani & Hall, 2017). Complications from falls can increase the length of hospital stay for the patient, and can cost the hospital $14,056 per patient for falls with serious injuries (Joint commission center for transforming healthcare, 2016). While the risk of falling cannot be eliminated, it can be reduced through the implementation of an effective fall prevention program. An important component of such a program is the assessment of a patient at risk for fall during inpatient admission and thereafter (Yazdani & Hall, 2017). Nurse-administered fall-risk assessment instruments provide patient- specific fall-risk indexes that allow the healthcare team to identify patients at high risk for falls and provide additional preventive interventions. Normally healthcare staff on admission, every shift and anytime a patient's physical or cognitive condition changes performs this risk assessment.

Miake-Lye et al (2013) reported that falls in acute care hospitals ranges from 1.3 to 8.9 per 1000 bed-days. Neurology, geriatrics and rehabilitation units have higher fall rates. Falls occur frequently, and can have serious physical and psychological consequences. The article goes further to say that about 30% and 50% of inpatient falls result in injuries. Falls are associated with increased health care use, including increased length of stay and higher rates of discharge from hospitals into long-term care facilities. Falls that do not cause an injury can trigger a fear of falling, anxiety, distress, depression, and reduced physical activity. Family members, and health care professionals are prone to emotional reactions to falls, which can affect the patient's independence and rehabilitation.

Miake-Lye et al (2013) reported that all of the multicomponent fall prevention strategies in recent meta-analysis included a fall risk assessment. A typical multicomponent fall risk

intervention involved staff and patient education, bedside risk sign or alert wristband, attention to footwear, a toileting schedule, medication review, and a review after the fall to identify causes.

Goldsack et al (2015) falls are a pervasive and persistent problem in all healthcare settings, with adverse clinical, social, and economic outcomes for patients, staff, and institutions involved. The Center for Medicare and Medicaid Services have transferred the financial burden of impatient fall prevention to hospitals, and reporting of patients falls now impacts both ranking and payment systems for hospitals and other healthcare organizations. Fall prevention difficulty is aggravated by shortened acute care lengths of stay, demanding that fall prevention interventions make an impact within short periods. This article illustrates that the enhancement, implementation, and evaluation of patient-centered hourly rounding, a platform developed around a conceptual framework.

The article by King et al (2016), reports that staff nurses may have the greatest impact on reducing patient falls. Since nurses are with the patients 24 hours a day, they are able to continually monitor patient for conditional changes. Though there is no research to back how nurses approach fall prevention, when falls occur nurses become the “second victim”. The American Nurses Association and the National Quality Forum use patient falls as a nursing-sensitive quality indicator, placing the responsibility for patient falls directly on nursing.

Potter et al (2017), noted that patient falls within acute care hospitals remain a significant and persistent health problem, despite years of intensive efforts to prevent them. It also reports that the Institute of Health-care Improvement in 2012 shows that falls within acute settings were the most frequent adverse event and Medicare does not reimbursed hospital for these adverse events. It also states that inpatient falls pose significant financial cost for hospitals. Attempts to

prevent falls in acute settings have largely involved implementation of multicomponent programs, which have reduced falls by as much as 30%.

Timeline

This project action plan should be implemented within 6 months (See Gantt Chart in Appendix). On April 3rd 2017 through April 24th 2017, a committee was formed to work on improving the risk of falls in the system. From April 25th 2017 through June 25th 2017, high risk patients were evaluated and adequately assessed by nursing staff during admission and thereafter. From June 26th 2017 through August 26th 2017, the committee members investigated the availability of supplies needed to identify patients at high risk for falls, such as the yellow socks, yellow armband, and the new fall signs created. During this period, staff obtained one on one education and huddles, on the importance of using the fall prevention supplies, and being very vigilant with patients who are at high risk for falls. From August 28th 2017 till present, the proper use of supply by staff is being monitored and assessed the efficiency of use. Staff members are continuously attending reinforcement education sessions to highlight the importance of fall preventions. By the end of October this year, if the supplies are not properly used, troubleshoot to understand why, and a new mechanism for use will be implemented. This troubleshoot will be done in one week. This plan will end with an evaluation to review the fall rate after the implementation of the change in November of this year.

Expected Results

An improvement in the knowledge and skills of staff members on the prevention of patient falls in this microsystem. Currently, the fall prevention one on one education, and the frequent huddles for the compliance rate of applying fall prevention interventions to the high-risk fall patients has increased. The expected outcome is to reduce the number of falls on this unit by 25

percent annually from the 38 falls (baseline) that occurred between the months of January 2016 to December 2016.

With an objective of achieving 25% less falls from January 2016 to December2017, (i.e. 25/100x38=9.5), an expected measurable outcome should be 38-9.5=28.5. Therefore, a significant amount of effort is needed to achieve at least 85% of the set objective during this first year. For subsequent years, the aim is to get higher reduction rates on the basis of continuous quality improvement of the program as well as addressing back up plans (other contributing factors for falls).

Nursing Relevance

This fall prevention project, is relevant to the nursing profession in various ways. With the education of staff members on the prevention of falls, it intensifies the relationship among team members, augmenting staff understanding on fall prevention, and improving patient satisfaction. The educational session, huddles and staff meetings inspired staff members to give feedback in regards to the fall prevention interventions, which in turn granted prospects for team building. Thus, the interactive meetings enriched the knowledge of fall prevention. This project also increases the compliance rate of applying the fall prevention interventions. This project also reinforces the importance of hourly rounding, which is an effective patient safety strategy. Hourly rounding if done correctly, can promote quality, safety, increase job satisfaction and productivity among nurses. This rounding can assist a nurse to more effective at anticipating the patients' upcoming needs. Hourly rounding comprises of 3 Ps which are pain, potty, possessions.

Summary Report

To create a standard protocol that can be used to identify specific actions necessary to effectively reduce fall in a medical surgical unit by 25%.

This unit has a capacity of 64 beds, and it comprises of three wings called 3 West, 3 South and 3 East. These three wings have different types of patient's population. The different types of patient populations as follows:

- 3 West has mostly medical patient. This wing also has surgical patients with issues such as hip replacement, knee replacement, and general surgery.
- The south wing, consists mostly of oncology patients, with a few surgical patients.
- The East wing patient population consists all of surgical patients, most of whom have had spinal surgery.

On a daily basis, this unit is staffed with approximately twelve nurses on the floor per shift. These nurses comprise of on call nurses, travelling nurses, per diem and regular staff nurses. All nurses rotate to the different wings when the need arises.

The nursing staffs on this unit are ethnically diverse. These staff come from a variety of diverse background including those form African, Asian, European and Hispanic descent. This diversity facilitates communication with patients especially those from different ethnic groups who encounter difficulties communicating in English. These nurses also cover two to three generational age groups. These age group ranges from:

- Baby boomers are people who were born between 1946 and 1964
- Generation X are people who were born between 1961 and 1981
- Millennial generation were born from 1982 to 2002.

There are also more female nurses on the unit, than male nurses.

The unit has ten to thirteen hospital based special doctors on the unit during the day; two general surgeons and two general surgery physician assistants. There are two-spine surgeon and two-spine surgery physician assistance on the unit, two orthopedic surgeons and two-physician assistance available on the unit each day to assist them. The unit also has an on-call gynecologist, psychiatrist and other specialists. On a daily basis, there are three to four respiratory therapists, four physical therapists, and two social workers who come to the floor when needed. There are also case managers on the unit at all times to assist the patient with their needs.

This unit uses a patient center approach. Every morning and evening at about 07:45 and 15:45, huddles are held to give the nursing staff positive or negative feedbacks. During these huddles, the nursing staffs are informed about new procedures, falls, pain reassessment and any relevant topic that needs to be addressed. The unit also has a culture called Nurse Knowledge Exchange (NKE) which the nurses are required to complete during shift change. This is a process whereby the incoming nurse and the outgoing nurse visit to the patient room. The outgoing nurse introduces the incoming nurse to the patient, and the patient is invited to take part in the change of shift report. Multiple Disciplinary Rounding (MDR) is another method the system uses to care for patients and involve them in the plan. MDR is a rounding that involves the patient's, doctor, primary nurse and the case manager. They all go to the patient room at the same time to talk about his/her plan of care for the day.

Kurt Lewin’s change theory was used as guideline to facillate this project. The straightforwardness of this change theory, closely reflects the process of the clinical nurse leader project. This change entails three phrases, and these three phrases are the unfreezing, change, and refreezing. The unfreezing phase entailed identifying ways for management and helping staff let go old patterns. A multi-disciplinary approach was implemented to ensure that all disciplines

were represented and their ideas included, which was important for the change to occur. During the change phase staff were encouraged to express their ideas and were supported by all those involved. According to Lewin, change is only successful when staff feel valued and believe that others see their value. Freeze or refreeze phase involves changing to the new practice. Nursing staff were educated on how to use the new fall prevention sign that was created by the fall committee.

Method and teaching aids used to implement this project were a one hour class, huddles and staff meetings. There were no changes made from the prospectus. The baseline data gathered portrayed substantial lack in compliance to the use of the old falls signs to indicate patients at high risk for falls.

Evaluations were performed on a weekly basis by fall committee members, via checking the patients charts to see those who had a Schmidt score of three and above, and then going to the patient's rooms to check their care boards to see if the new fall risk signs was put up with them varies indications. We also spoke will staff members individually to get feedbacks about the project.

From April 25th through June 25th 2017, audits were done from patient charts to see if the nurses were compliant with charting the Schmidt's score of patients. From that evaluation, there was a 100% compliance of the nurses. What the nurses were not compliant with, was the implementation of the fall risk prevention process. 20% of the nurses whose patient had a Schmidt score of three and above, had the new fall signage on the patient chart board. So within those months, we continue to have a one on one talk with the staff to find out why they were not following the fall prevention protocol. They all came up with a solution that since the new fall signage has the mobility aides such as how many person assist, whether the patient uses a walker

or needs a wheelchair to ambulate, or the patient is suppose to be on bedrest, it should be placed on all the care boards in patient rooms and they the nurses will have to uses the erase able makers to mark what is best suited for the patient. We did that for a month, and we had 100% compliance.

Conclusion

Due to the change in staff knowledge and implementation of the fall prevention interventions, the will be a consistent decrease in patient fall rate in that microsystem. The achievement of this project will be sustained by continues education. The fall champions are responsible for continuing to educate their coworkers in following the fall prevention approach.

There are five factors that can impact the sustainability of a project. These five factors are having champions, fit with the organization's mission, modification of the program, support from stakeholders, and perceived benefits of the staff/ clients.

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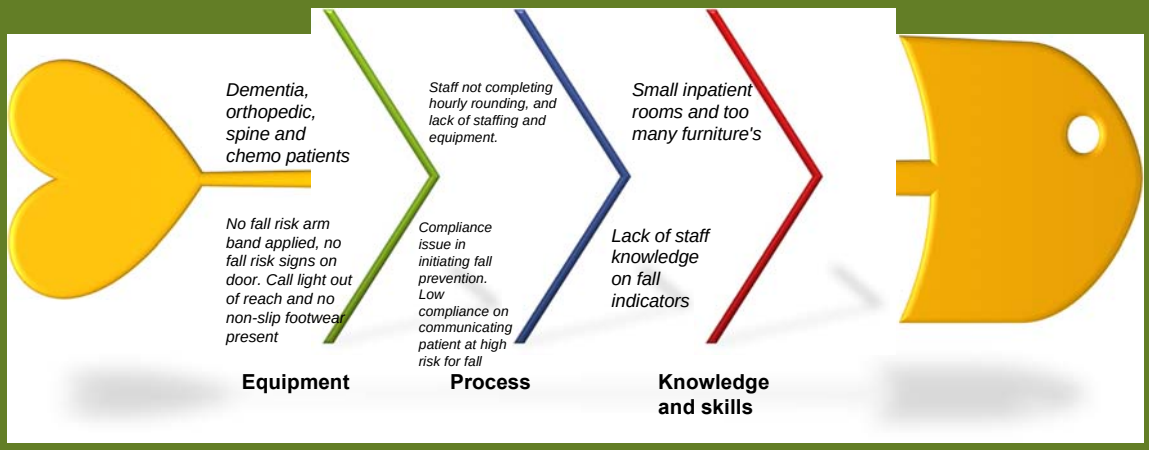
Appendix

Financial Plan

Reduce falls in a medical surgical unit							
Staff needed							
	# staff	Hours	Total Hrs	Hourly rate	Total	Benefits	total salary
CNL	1	267	267	$80	$21,360	1.4	$29,904
Nurses	23	1	23	$80	$1,840	1.4	$2,576
Educator	1	8	8	$80	$640	1.4	$896
Total Staff Salaries							$33,376
Fall prevention equipments							$4,000
Cost							$37,376
Savings							
Average cost of reducing 2 falls							
2	$90,000						$180,000
Cost saving							$142,624

FALLS PREVENTION FISHBONE

Fall Prevention on Medical Surgical Unit: Reduce Number of Falls on the unit by 25% over 6 months



Fall Prevention SWOT ANALYSIS
Primary factors

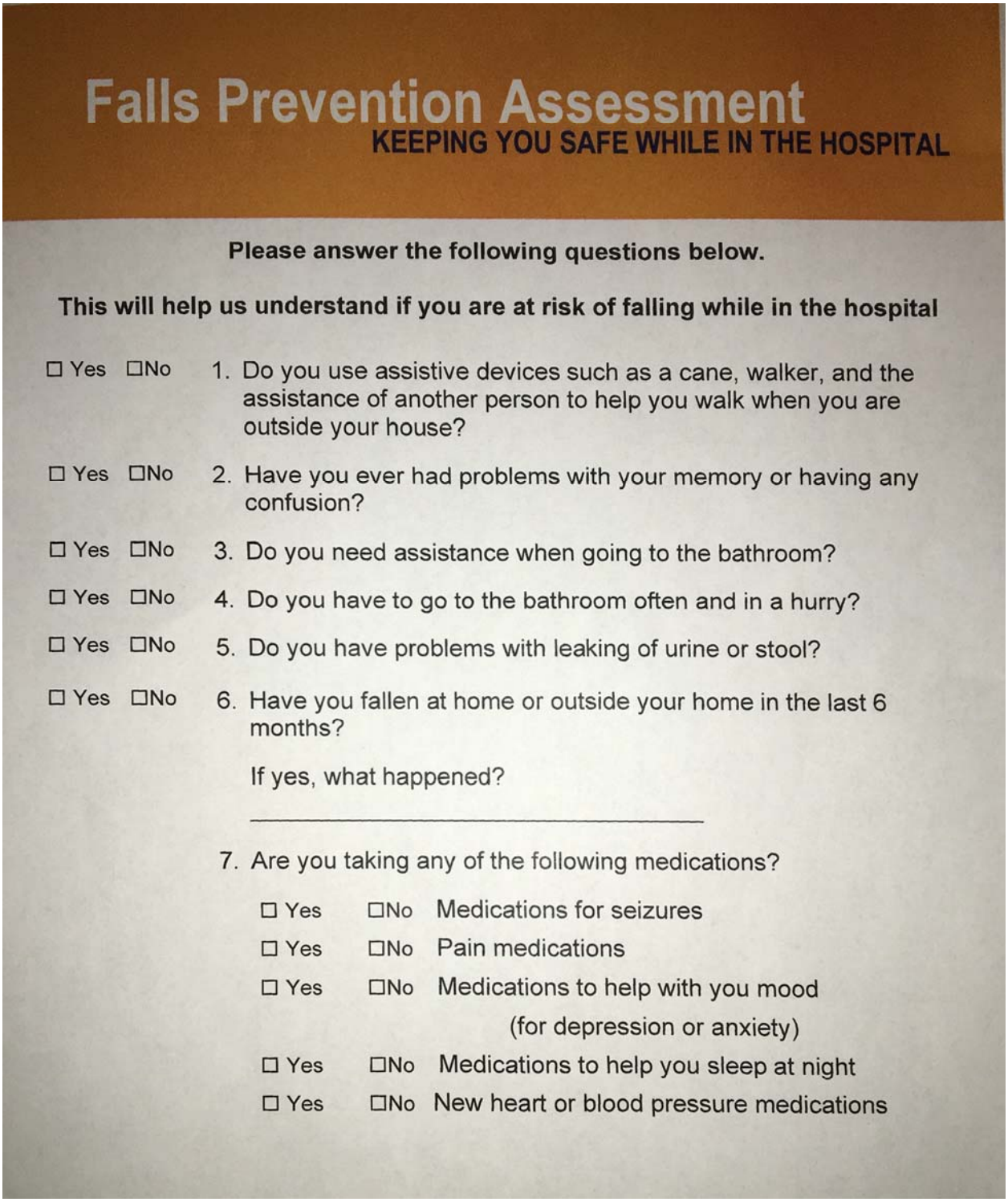

Mobilty Aides
☐Cane ☐Walker ☐Wheelchair ☐Arjo Steady
Standby Assist
2 Person Assist
Lift Equipment
Fall Risk
Bed Rest
Bedside Commode
Bathroom
No One Is Left Alone, While Toileting
Reactive Alarm After Care

Interventions for Patients at Risk for Falls

SCHMID ≥ 3 or identified as at Fall Risk per nursing judgment

1. Apply Yellow Armband
2. Communicate Fall Risk and risk specific interventions at handoff and during huddles
3. Provide, reinforce, and document education to patient and family on fall risk and prevention measures
4. Identify Individual Risk Factors For Fall Risk And Create An Individualized Plan Of Care

Toileting	Environment (for Patients with Impaired Cognition)	Activity	Medication
• Ensure urinal or bedside commode is accessible • Patients with a Schmid Elimination Score of 1 consider: o Identify and manage causes of frequency, urgency, or diarrhea o Offer toileting at least every 2 hours	Patients with a Schmid Mentation Score of 1 consider: • Use bed/chair exit alarm if patient is unable or unwilling to reliably use call light • Move to a HIGH VISIBILITY room if possible • Use the low bed as appropriate (per algorithm) • Provide visual cues to remind patient to call for assistance • Eliminate any unnecessary lines/tubes that may pose fall risk	• SCHEDULE out of bed activities (i.e. ambulation, and toileting) • Remove SCDs prior to ambulation • Ensure mobility aid is accessible • Request physician's order for Physical Therapy referral for anyone with an acute decline in mobility	• Identify MEDICATIONS with side effects which increase fall risk. (i.e. contribute to frequency, urgency, confusion, sedation, or orthostasis.) • CONSULT WITH PHYSICIANS/ PHARMACIST regarding medication necessity • ADJUST DOSE TIMING in relation to activity periods • Educate patients on SIDE EFFECTS OF MEDS such as dizziness, hypotension, drowsiness, etc.



Falls Prevention Assessment

KEEPING YOU SAFE WHILE IN THE HOSPITAL

Please answer the following questions below.

This will help us understand if you are at risk of falling while in the hospital

☐ Yes ☐No 1. Do you use assistive devices such as a cane, walker, and the assistance of another person to help you walk when you are outside your house?

☐ Yes ☐No 2. Have you ever had problems with your memory or having any confusion?

☐ Yes ☐No 3. Do you need assistance when going to the bathroom?

☐ Yes ☐No 4. Do you have to go to the bathroom often and in a hurry?

☐ Yes ☐No 5. Do you have problems with leaking of urine or stool?

☐ Yes ☐No 6. Have you fallen at home or outside your home in the last 6 months?

If yes, what happened?

_____

7. Are you taking any of the following medications?

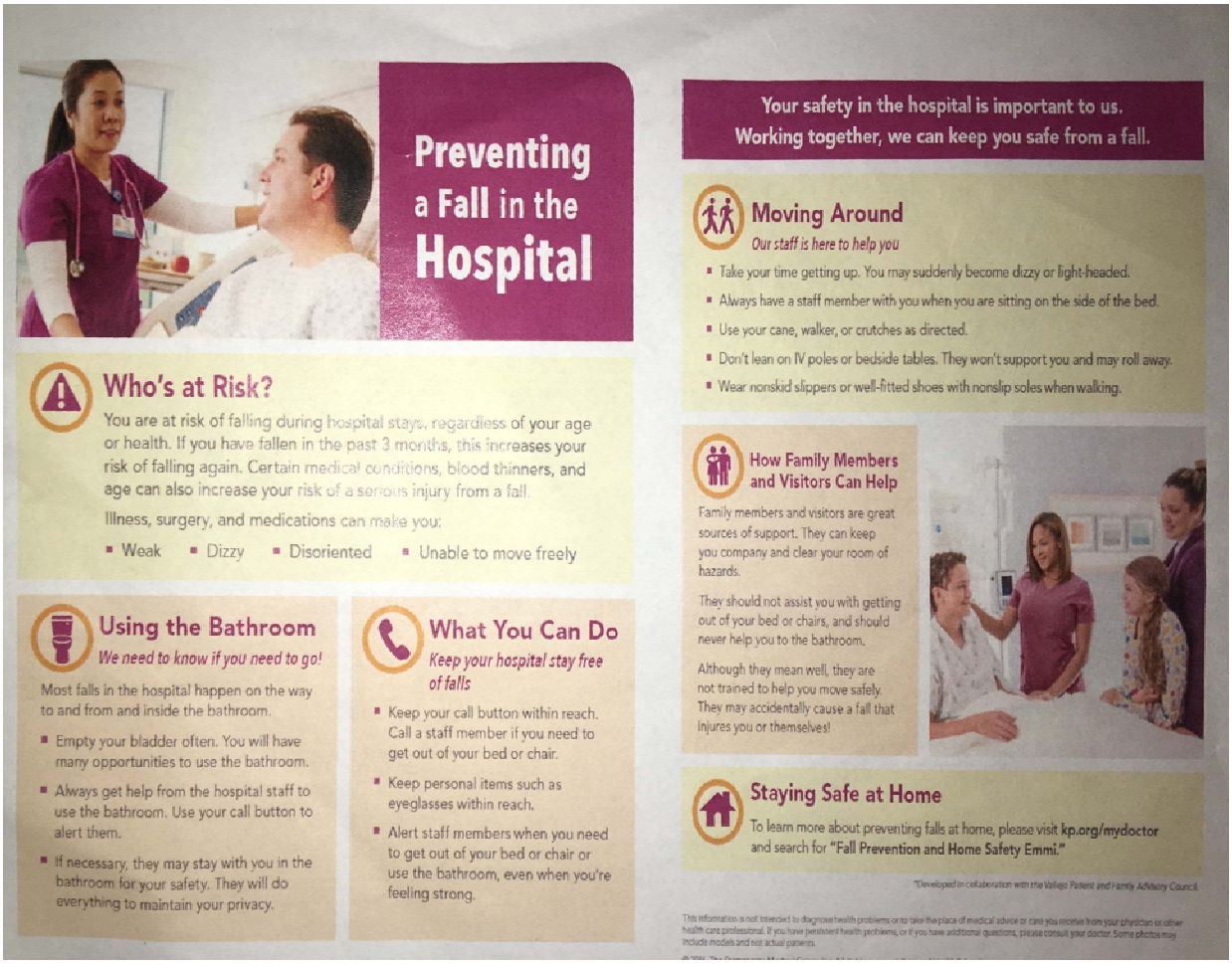
☐ Yes ☐No Medications for seizures

☐ Yes ☐No Pain medications

☐ Yes ☐No Medications to help with you mood (for depression or anxiety)

☐ Yes ☐No Medications to help you sleep at night

☐ Yes ☐No New heart or blood pressure medications



Preventing a Fall in the Hospital

Who's at Risk?

You are at risk of falling during hospital stays, regardless of your age or health. If you have fallen in the past 3 months, this increases your risk of falling again. Certain medical conditions, blood thinners, and age can also increase your risk of a serious injury from a fall.

Illness, surgery, and medications can make you:

- Weak
- Dizzy
- Disoriented
- Unable to move freely

Using the Bathroom

We need to know if you need to go!

Most falls in the hospital happen on the way to and from and inside the bathroom.

- Empty your bladder often. You will have many opportunities to use the bathroom.
- Always get help from the hospital staff to use the bathroom. Use your call button to alert them.
- If necessary, they may stay with you in the bathroom for your safety. They will do everything to maintain your privacy.

What You Can Do

Keep your hospital stay free of falls

- Keep your call button within reach. Call a staff member if you need to get out of your bed or chair.
- Keep personal items such as eyeglasses within reach.
- Alert staff members when you need to get out of your bed or chair or use the bathroom, even when you're feeling strong.

Your safety in the hospital is important to us. Working together, we can keep you safe from a fall.

Moving Around

Our staff is here to help you

- Take your time getting up. You may suddenly become dizzy or light-headed.
- Always have a staff member with you when you are sitting on the side of the bed.
- Use your cane, walker, or crutches as directed.
- Don't lean on IV poles or bedside tables. They won't support you and may roll away.
- Wear nonskid slippers or well-fitted shoes with nonslip soles when walking.

How Family Members and Visitors Can Help

Family members and visitors are great sources of support. They can keep you company and clear your room of hazards.

They should not assist you with getting out of your bed or chairs, and should never help you to the bathroom.

Although they mean well, they are not trained to help you move safely. They may accidentally cause a fall that injures you or themselves!

Staying Safe at Home

To learn more about preventing falls at home, please visit **kp.org/mydoctor** and search for **"Fall Prevention and Home Safety Emmi."**

*Developed in collaboration with the Vallejo Patient and Family Advisory Council.

Eliminate Waste | Create Flow | Increase Standardization | Engage Everyone

Reduce Patient Falls with 3rd Floor Med/Surg

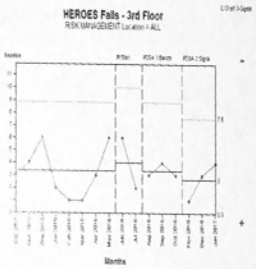
Dept/Unit:	3rd Floor Med/Surg	Approver:		Current Date:	1/30/17
Owner:	Chrisabel	Approve Date:		Last Review Date:	5/17/17

1 Problem/Background

Patients admitted to the hospital do not expect to sustain a fall during their hospital admissions. 3rd Floor Medical Surgical Oncology Department had 37 falls from Nov 1, 2015-October 31, 2016 (rate 3.73/month). A Patient fall has the potential to cause harm, increased length of stay and patient dissatisfaction.

2 Current State

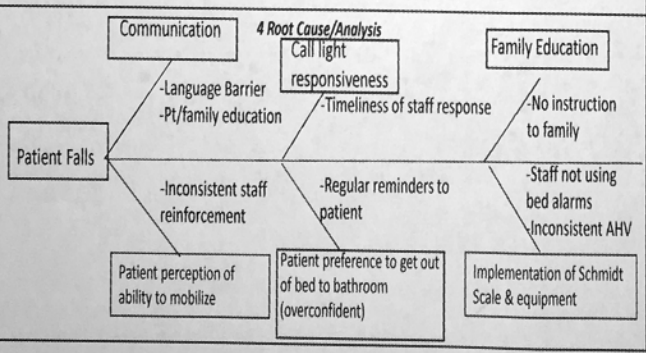
- From 11/1/16-7/28/17 , 3rd floor has had 19 falls (rate of 2.37/month); with 1 fall in the Harm Index. Our rate has improved by 0.46% since our last BER.
- Fall prevention interventions are available for staff
- 3rd floor has undergone a test of change with new fall equipment, visual aids, education handouts.
- From data+ RCA – patients who fall are alert & oriented, choose to get out of bed. Sometimes family members assist patients are not cleared to assist in transfer from bed.
- There is inconsistent staff usage of bed alarms.
- Inconsistent communication between staff re: activity status.



3 Goal/Target State

As part of an improvement in delivery of quality care, 3rd Floor has a goal to decrease patient falls by 25% by August 30, 2017 to ≤ 27 patient falls. As of 7/28/17, there are 19 falls. We are on track to meet this goal.

4 Root Cause/Analysis



5 Key Drivers/Countermeasures

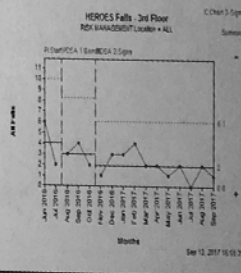
Insufficient Patient/ Family Education	Include Patient/ Family in NKE, AHV Use patient education handouts; visual aids.
Reinforce usage of Fall Prevention measures.	Staff use new bed/chair alarm equipment.
Call Light Responsiveness	Staff to carry out AHV

6 Countermeasure Implementation Plan

What	Who	When
NKE	Staff	10/31
AHV	Staff	10/31
Patient/Family Education	RN/PCT	10/31

7 Verify Results

- Fall Project A-3 started in March 2017. 3rd floor has had 2 falls in March & April, 1 fall in May and 1 fall in June.
- Trial of new bed/chair alarm product completed. User friendly; battery operated. Portable, convenient.
- Continue to educate patients and their families
- Recruited more staff from all shifts to join the Fall Committee. Currently, we have 4 staff for days, 4 3 staff for evening and 2 staff for nights.
- 3rd floor Fall Committee is now consistently meeting every 1st Thursday of every month from 1-3pm. First hour for the meeting and the second hour for reinforcement of Fall prevention process on the floor.
- We are going to invite the bed alarm vendor to train new regular and traveler employees.



8 Follow Ups

- Need 1 monitor per bed on unit so equipment is readily available. ---- Monitors have arrived and are installed.
- Education provided to floaters and travelers into unit.
- We will initiate a test of change in 1 unit (3S) for patients who are on diuretics to have a bedside commode in the room. We will start on the 3rd week of September.

Eliminate Waste | Create Flow | Increase Standardization | Engage Everyone

Reduce Patient Falls with 3rd Floor Med/Surg

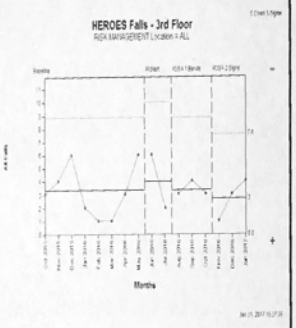
Dept/Unit:	3rd Floor Med/Surg	Approver:		Current Date:	1/30/17
Owner:	Chrisabel	Approve Date:		Last Review Date:	5/17/17

1 Problem/Background

Patients admitted to the hospital do not expect to sustain a fall during their hospital admissions. 3rd Floor Medical Surgical Oncology Department had 37 falls from Nov 1, 2015-October 31, 2016 (rate 3.73/month). A Patient fall has the potential to cause harm, increased length of stay and patient dissatisfaction.

2 Current State

- From 11/1/16-5/15/17 , 3rd floor has had 17 falls (rate of 2.83/month); with 1 fall in the Harm Index.
- Fall prevention interventions are available for staff
- 3rd floor has undergone a test of change new fall equipment; visual aids, education handouts.
- From data+ RCA – patients who fall are alert & oriented, choose to get out of bed. Sometimes family members assist patients are not cleared to assist in transfer from bed.
- There is inconsistent staff usage of bed alarms.
- Inconsistent communication between staff re: activity status.



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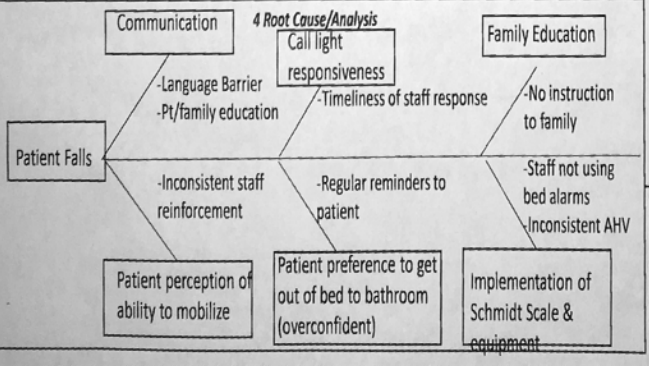

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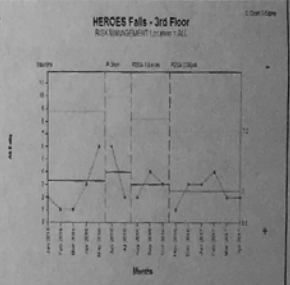
Reinforce usage of Fall Prevention measures.	Staff use new bed/chair alarm equipment.
Call Light Responsiveness	Staff to carry out AHV

6 Countermeasure Implementation Plan

What	Who	When
NKE	Staff	6/30
AHV	Staff	6/30
Fall Equipment	Fall Committee leads	6/15
Patient/Family Education	RN/PCT	6/15

7 Verify Results

- Fall Project A-3 started in March 2017. 3rd floor has had 2 falls in March & April.
- Trial of new bed/chair alarm product completed. User friendly; battery operated. Portable, convenient.
- Continue to educate patients and their families



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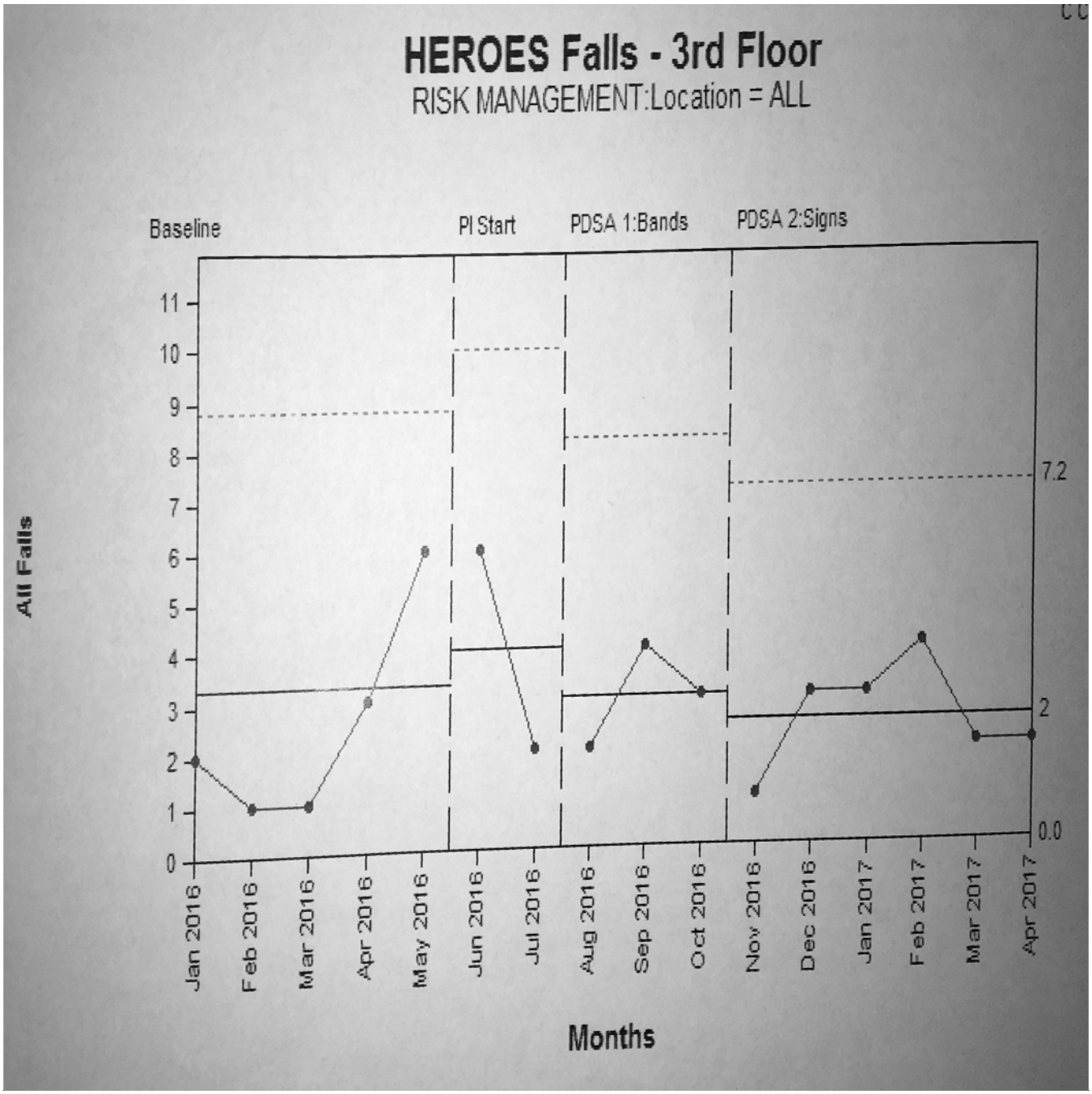
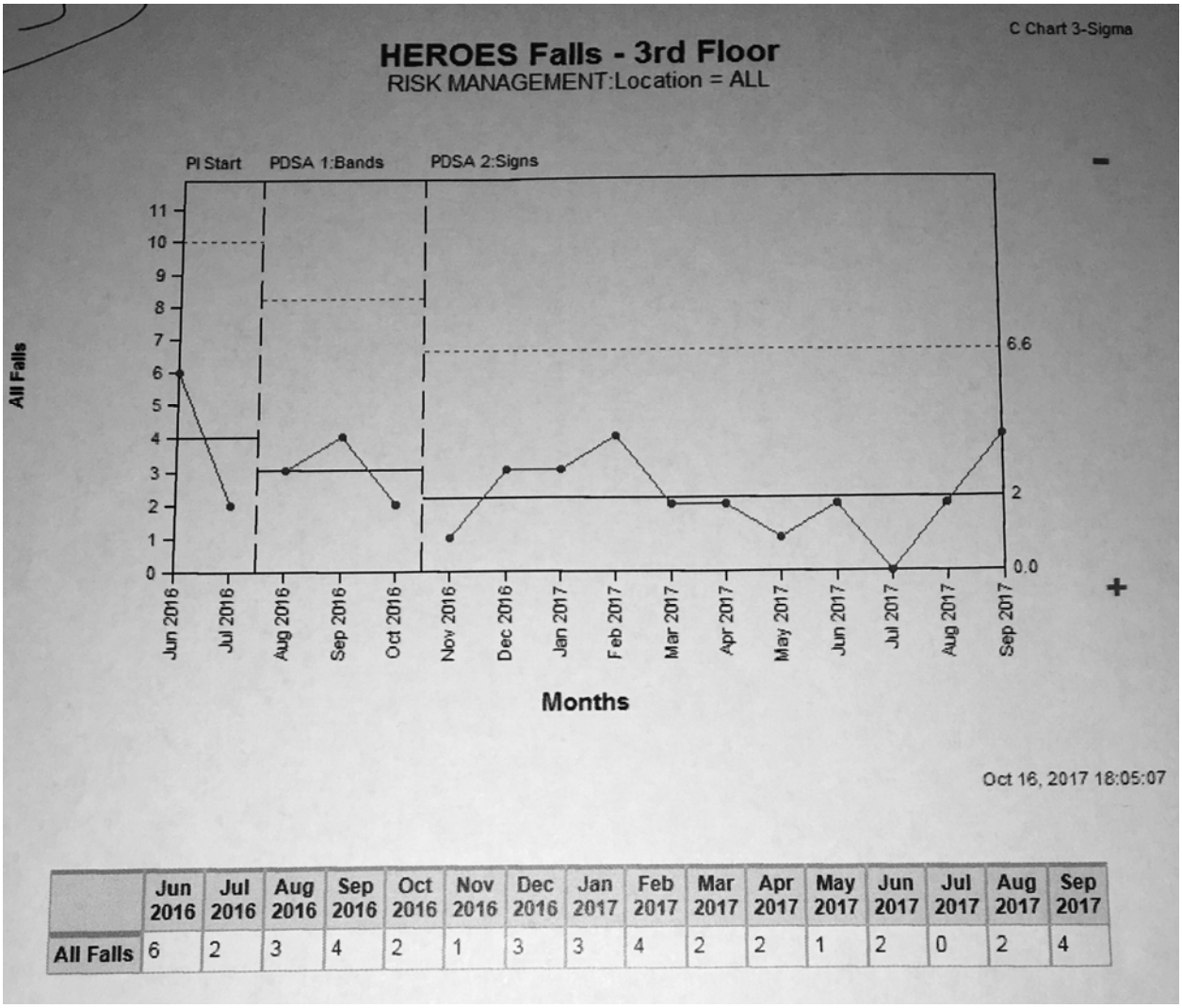
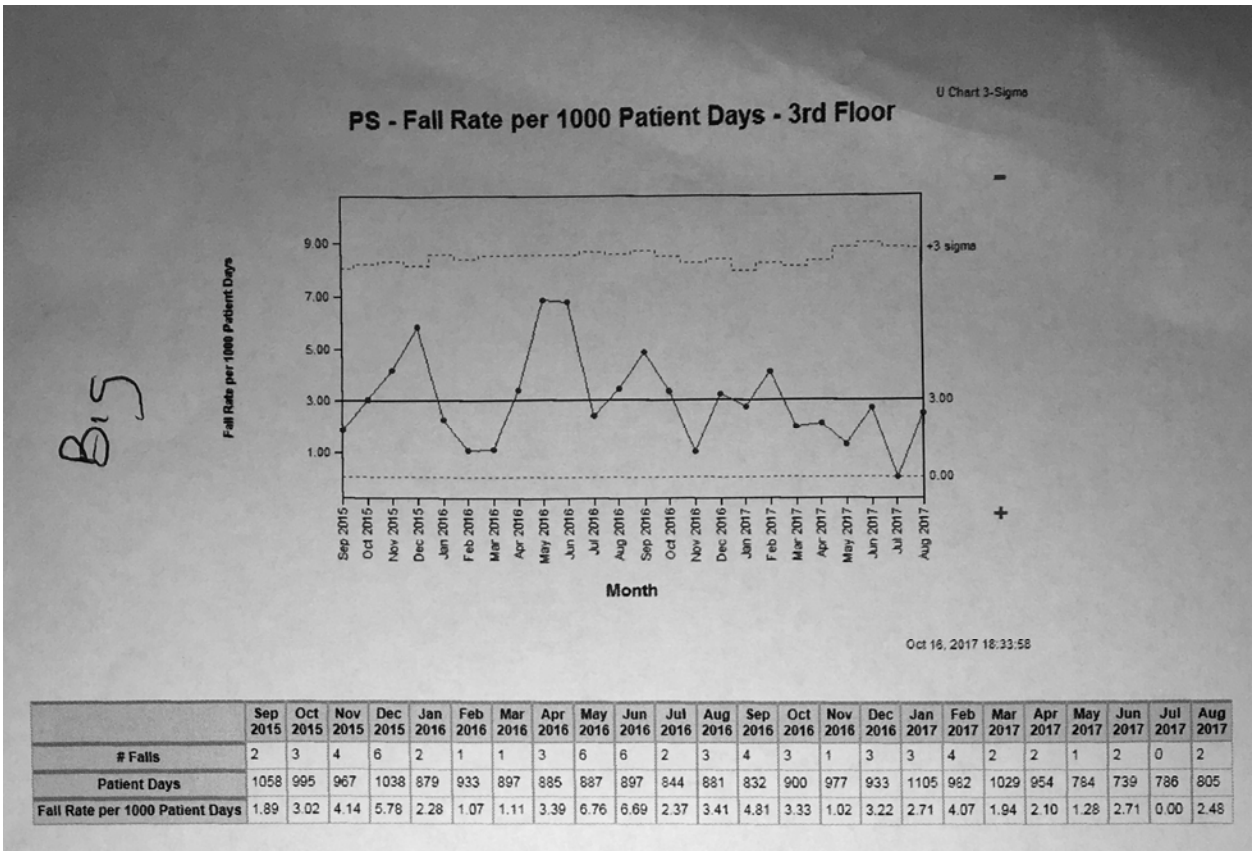

HEROES Falls - 3rd Floor
RISK MANAGEMENT:Location = ALL
Baseline
PI Start
PDSA 1:Bands
PDSA 2:Signs
All Falls
11
10
9
8
7
6
5
4
3
2
1
0
7.2
2
0.0
Jan 2016
Feb 2016
Mar 2016
Apr 2016
May 2016
Jun 2016
Jul 2016
Aug 2016
Sep 2016
Oct 2016
Nov 2016
Dec 2016
Jan 2017
Feb 2017
Mar 2017
Apr 2017
Months



	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017
All Falls	6	2	3	4	2	1	3	3	4	2	2	1	2	0	2	4



	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
# Falls	2	3	4	6	2	1	1	3	6	6	2	3	4	3	1	3	3	4	2	2	1	2	0	2
Patient Days	1058	995	967	1038	879	933	897	885	887	897	844	881	832	900	977	933	1105	982	1029	954	784	739	786	805
Fall Rate per 1000 Patient Days	1.89	3.02	4.14	5.78	2.28	1.07	1.11	3.39	6.76	6.69	2.37	3.41	4.81	3.33	1.02	3.22	2.71	4.07	1.94	2.10	1.28	2.71	0.00	2.48

SCHMID PLUS ABCS

Patients at High Risk For Serious Injury From a Fall

Defined as at Fall Risk (Schmid score ≥ 3 or RN clinical judgment) AND one or more of the ABCS Criteria

A	**Age**	≥85 years old
B	**Bones**	Any disease, condition, or medication that affects bone strength: osteoporosis, previous fracture, prolonged steroid use, or metastatic bone cancer
C	**Coagulation**	Patients with impaired blood clotting, either through use of anticoagulants or underlying clinical conditions (i.e. chronic liver disease, bleeding/platelet disorders)
S	**Surgery Recently**	First 48 hours post-surgery, especially patients who have orthopedic surgery or a lower limb amputation

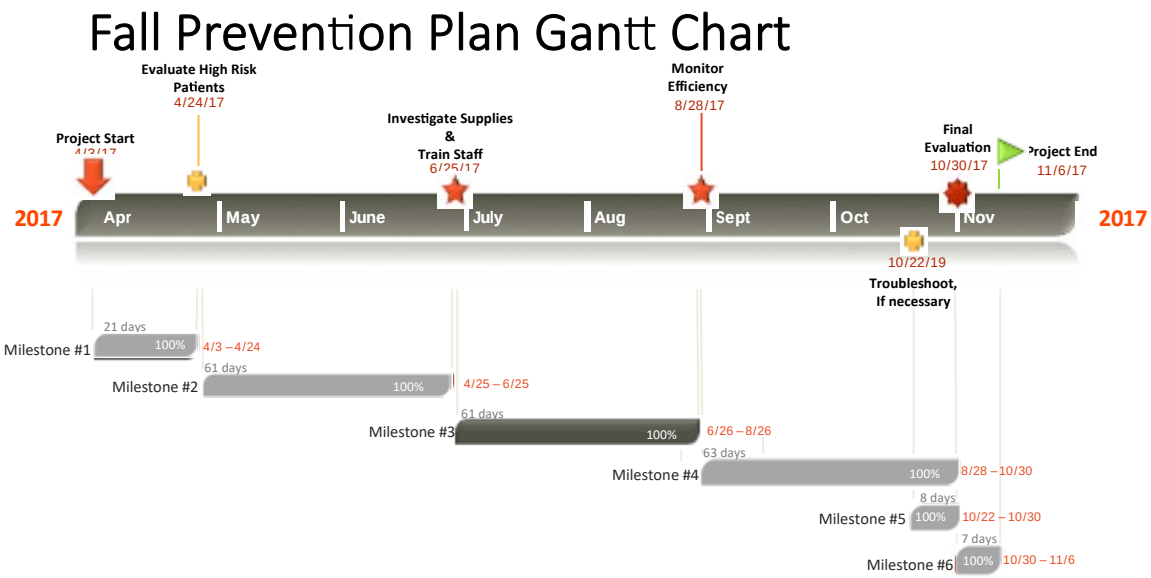
3 Vital Behaviors

To Reduce Falls for Patients at High Risk for Serious Injury

All three must be implemented

1.	**Provide ASSISTANCE AND NEVER LEAVE PATIENT ALONE while TOILETING or AMBULATING. These patients should not be allowed to dangle at the side of the bed other than during transfer.**
2.	**Provide TOILETING SCHEDULE per patient needs of frequency and urgency.**
3.	**Provide EDUCATION TO PATIENT/ FAMILY regarding the high risk for injury if they fall, in the hospital and at home.**


At Risk For A Fall
Don't Fall, Just Call!
Your Safety Is
Important To Us
IF YOU NEED ANY HELP,
PLEASE PUSH CALL BUTTON
CHANNEL
MUTE
TV
SLEEP


Fall Prevention Plan Gantt Chart
Evaluate High Risk Patients
4/24/17
Monitor Efficiency
8/28/17
Investigate Supplies & Train Staff
6/25/17
Final Evaluation
10/30/17
Project Start
Project End
11/6/17
2017
Apr
May
June
July
Aug
Sept
Oct
Nov
2017
10/22/19
Troubleshoot, If necessary
21 days
Milestone #1
100%
4/3 – 4/24
61 days
Milestone #2
100%
4/25 – 6/25
61 days
Milestone #3
100%
6/26 – 8/26
63 days
Milestone #4
100%
8/28 – 10/30
8 days
Milestone #5
100%
10/22 – 10/30
7 days
Milestone #6
100%
10/30 – 11/6